

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

DISCIPLINARY INQUIRIES REPORT

MEDICAL EXAMINING BOARD

(Not necessary if utilizing FCVS)

**APPLICANT MUST COMPLETE THIS FORM AND FORWARD TO THE FEDERATION
OF STATE MEDICAL BOARDS AT THIS ADDRESS:**

FEDERATION OF STATE MEDICAL BOARD, INC.
FEDERATION PLACE
P.O. BOX 619850
DALLAS, TX 75261-9850

Attention: State Board Inquiries

The State of Wisconsin requests a Board Action Search concerning the following individual:

Practitioner's Name	(Last, First, Middle)	Degree
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Date of Birth (month/day/year)

Medical School

Year of Graduation

Social Security Number

ECFMG #

Practitioner's Signature: _____

FEDERATION OF STATE MEDICAL BOARDS

The **State of Wisconsin** requests a disciplinary search concerning the above individual. **Please mail the response to the following address:**

Department of Regulation and Licensing
Medical Examining Board
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

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